



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH HAMMOND

City of Hospital: Hammond

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Amy Solomon

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Medicare Provider Number: 15-0004

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$240352697
Outpatient Patient Service Revenue	\$419804173
Total Gross Patient Service Revenue	\$660156870

2. Deductions From Revenue

Contractual Allowance	\$473381477
Other Deductions	\$2891758
Total Deductions	\$476273235

3. Total Operating Revenue

Net Patient Service Revenue	\$183883635
Other Operating Revenue	\$7594311
Total Operating Revenue	\$191477946

4. Operating Expenses

Salaries and Wages	\$68024469	Employee Benefits	\$15848993
Depreciation and Amortization	\$6655275	Interest Expense	\$6462639
Bad Debt	\$3039830	Other Expenses	\$89409568
Total Operating Expenses	\$189440774		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2037172	Total Assets	\$5937380
Net Non-operating Gains over Loss	\$-73287	Total Liabilities	\$-282704801

Total Net Gains	\$1963885
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$324997331	\$235686828	\$89310503
Medicaid	\$149109724	\$92346156	\$56763568
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$186049817	\$148240252	\$37809565
Total	\$660156872	\$476273236	\$183883636

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$147667	\$251012	\$-103345

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$834249	\$-834249
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$58563	\$-58563

Number of Medical Professionals Trained	753
Number of Hospital Patients Educated	161171
Number of Citizens Exposed to Health Education Messages	29191

Statement Six: Charity Statement
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Hospital Charity Charges	\$24135728
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6576674	
HCI Payments	\$0		
Subtotal	\$0	\$6576674	\$-6576674
Medicaid Shortfalls	\$26003919	\$37346845	
Subtotal	\$26003919	\$43923519	\$-17919600
DSH Payments	\$6,166,164		
Subtotal	\$32170083	\$43923519	\$-11753436
Medicare Shortfalls	\$68550236	\$87077292	
Other Government Programs	\$0	\$0	
Total	\$100720319	\$131000811	\$-30280492

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$454301	\$-454301
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$16597	\$-16597
Other Allocations	\$0	\$0	\$0

Comments

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